
 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.04	Page 1 of 9
	Effective Date: November 15, 2004	
	Distribution: A	
	Supersedes: 113.04 (12/1/01) PCN 04-17 (4/15/04) PCN 03-18 (8/15/03)	
Approved by: 		
Subject: MEDICAL TRANSFER OF INMATES		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606.
- II. PURPOSE: To ensure the timely transfer of inmates, when necessary, to a health care facility where appropriate treatment is available.
- III. APPLICATION: Wardens, Health Administrators, health care staff, privately managed institutions, and inmates.
- IV. DEFINITIONS:
  - A. Sheltered Unit: Housing unit at DSNF utilized for inmates requiring close proximity to health services that have limited ability to ambulate, need a low risk environment due to progressive illness, or have a physical health condition where they cannot be housed in other TDOC locations.
  - B. Health Care Center: The skilled I, II, and III units at DSNF, used for patients requiring skilled nursing care.
  - C. Central Dispatch Office (CDO): A function of the office of the Director of Classification Programs which coordinates and schedules inter-institutional transfers and offender transportation.
  - D. Central Transportation: A function of the Middle Tennessee Correctional Complex which coordinates, schedules, and performs local offender transportation in the Metro Nashville / Davidson County area.
  - E. DSNF Scheduler: The DSNF employee(s) assigned to coordinate the scheduling of approved offender specialty consultation services and associated transportation services.
- V. POLICY: Inmates diagnosed as having a medical, psychiatric, or dental condition which requires evaluation and/or treatment beyond that which is available at his/her institution shall be scheduled for necessary appointments and transferred to an institution where such care is available.
- VI. PROCEDURES:
  - A. Whenever possible, resources available within Department of Correction facilities shall be utilized for health services referrals.

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B. Emergency Medical Transfers:

1. The institutional physician, dentist, psychiatrist/psychologist, or designee shall be responsible for the identification of acute/chronic medical, dental, or psychiatric conditions that are beyond the diagnostic and/or treatment resources available at their facility.
2. The health administrator, or designee, shall communicate the need for an inmate transfer to the warden or designee and shall assist in the coordination of the transfer with the receiving facility. Transfers shall be accomplished in accordance with Policy #403.01.
3. In an emergency situation where routine coordination is not possible, the on-duty referring health professional shall complete and send with the inmate the Referral for Emergency Care, CR-3425, to ensure continuity of care between the sending and receiving institution. In cases where ambulance services are not utilized the senior on-site health care professional shall decide if a medical escort is necessary. Appropriate facilities for transfer include the following:
  - a. All inmates in need of immediate medical intervention to the local licensed hospital emergency room or emergency center;
  - b. Inmates requiring hospitalization to the TDOC central contract hospital, if time permits;
  - c. Male inmates requiring skilled nursing care to be housed at the DeBerry Special Needs Facility (DSNF) Health Care Center. Female inmates requiring skilled nursing care to be housed at the Tennessee Prison for Women (TPFW).
  - d. The health administrator or designee shall be responsible for contacting the TDOC health services contractor as soon as possible after transfer for emergencies. (See #4 below.)
4. Long distance transfers for health reasons should not be considered if, in the opinion of the physician or mental health professional, such delay or travel could adversely affect the health of the inmate. In such cases, arrangements for necessary care shall be made at an appropriate health care facility near the institution. The TDOC Medical Director or designee shall be notified of this action as soon as possible. When the long distance transfer of acutely ill inmates is indicated, the sending institution's attending physician shall authorize the transfer and determine the appropriate method of transportation. If the inmate is in a local community hospital, the receiving institutional physician shall obtain the concurrence of the community hospital physician attending the inmate prior to transfer.

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C. Temporary Medical Transfers:

1. Information concerning the availability of specialty consultations at the DSNF shall be provided to each institution. (See Policy #113.12.) Approval for specialty consultations must be obtained from the health services contractor according to their guidelines. Females at institutions other than TPFW who require continuing diagnostic or treatment resources should be permanently transferred to TPFW.
2. Whenever such a transfer is approved, the health administrator or designee at the sending institution shall coordinate the transfer in advance with the health administrator at the receiving institution.
3. The routine transfer of inmates for medical reasons shall be accomplished in accordance with Policy #403.01.
  - a. The DSNF scheduler shall record approved consultations and appointments on LIMA.
  - b. When an inmate refuses to be transported for a scheduled appointment, or when a consultation or appointment is no longer required or is cancelled for any reason, this shall be documented and explained on LIMA by health staff at the institution at which the refusal or cancellation occurred. The health staff shall immediately notify the DSNF Scheduler, the utilization management entity, and (if applicable) Central Dispatch. The DSNF Scheduler shall notify Central Transportation of the cancellation.
  - c. Institutional health care staff shall be responsible for patient evaluation and medical clearance for travel. The health administrator/designee shall determine if the patient's medical or mental health conditions require special transportation, medical escort or security measures, and record this information on LIMA. The health administrator/designee shall determine if an inmate's condition prohibits transportation on a Central Transportation vehicle, requires transport by ambulance or specially equipped vehicle, and/or requires escort by a member of the medical staff. Special conditions and precautions shall be promptly communicated with transportation personnel and the receiving/sending institution.
  - d. The health administrator/designee shall ensure that the patient is transported with all necessary resources, including the health record, medications, and any other information or equipment required for the patient's safety and management. These shall be documented on CR-2176 (Health Records Movement Document) and in the inmate's health record. Information and instructions for special treatment and/or medications shall be written in a manner readily accessible and easily understood by escorting and receiving personnel.
4. In the event that the warden is unable to comply with the physician's recommendation due to overriding concerns such as security, he/she shall set forth

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the reasons in writing. The warden shall consult the TDOC Director of Health Services for assistance in determining alternative treatment measures.

D. Permanent Medical Transfers:

1. A permanent transfer to another Department of Correction facility should be considered when an inmate requires an extended period of specialized treatment, prolonged rehabilitative services, a close proximity to medical care, or environmental needs which cannot be provided at the sending facility.
2. The warden or designee shall be informed by the health administrator of the need for such a transfer in writing or by E-Mail. Written notification shall include the relative seriousness of the case, the period of time within which the transfer should be affected, the type of transportation necessary, and whether the sending institution should provide medical escort, any medications or care necessary while the patient is enroute. If it is likely that an inmate may require medical attention en route, transportation alternatives to the chain bus, such as ambulance transport, shall be considered.
3. The TDOC Medical Director has final decision authority over medically related placements in TDOC institutions, and may overrule medical placement decisions of other physicians. If any physician feels that he/she should appeal a medical placement decision, he/she shall send a written memorandum or E-Mail to the TDOC Medical Director, and include the rationale for his/her appeal. Transfers to TDOC medical units shall be conducted as follows:
  - a. DSNF Sheltered Unit: Any physician at a TDOC institution who believes a male is appropriate for placement in the sheltered unit, shall make a written request to the DSNF Medical Director. The physician shall prepare a memorandum justifying (in detail) the inmate's physical needs that qualify him to be placed in the Sheltered Unit. A copy shall be transmitted to the TDOC Medical Director.  
  
If the DSNF Medical Director approves the request, or wishes to step a patient down from the DSNF Health Center, he/she shall forward a memorandum or E-Mail requesting transfer of the inmate to the classification coordinator at DSNF, who shall arrange the transfer pending bed availability.
  - b. DSNF Health Care Center: If an institutional physician or designee deems that an inmate needs the level of care provided at the DSNF Health Care Center, that individual shall telephone the DSNF Medical Director or designee and request transfer. The DSNF Medical Director or designee has authority over admissions and discharges to the health care center. However, in the event there is a disagreement between any physicians regarding placement for medical reasons, the TDOC Medical Director shall have final authority over placement.

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- c. If there is an appeal by any physician regarding a medical placement at an institution or DSNF, the TDOC Medical Director shall respond in writing or by E-Mail to all involved physicians, and inform classification of his/her placement decision.
- d. Once a medical placement decision is finalized, transfers shall be made in accordance with TDOC Policies #403.01.

E. Health Records:

- 1. The health record shall accompany the inmate whenever he/she is transferred either temporarily or permanently to another TDOC facility. This activity shall be coordinated by the institution's record office and the institution's health service staff at least twenty-four hours before a routine transfer.
- 2. The Health Status/Transfer Summary, CR-1895, shall be completed and signed with the full legal signature of the health care professional completing the form. The completed form shall be affixed to the inmate health record (which is sealed in a manila envelope).
- 3. The Health Records Movement Document, CR-2176, "Comment" section, shall be completed by the health care professional to alert the transportation official of any special precaution or care necessary for the inmate while en route. Specific types of information shall include the following:
  - a. Medication needs during transit
  - b. Special medical problems or needs including diabetes and seizure disorders
  - c. Suicidal tendencies or potentially dangerous behavior caused by mental status
  - d. Handicaps which may require special care during transportation, or upon entering the receiving institution
  - e. Isolation precautions, specifying type
- 4. If an inmate is transferred to a jail, or to any other law enforcement agency for custodial care, a Health Status/Transfer Summary, CR-1895, shall be completed by the health care provider, signed with full legal signature and professional title, and forwarded with the inmate. Also, a fourteen (14) day supply of the inmate's medications shall be sent with the inmate to the destination. The medications should be clearly labeled with the inmate's name, the medication name, and the dosage instructions. The clinic shall be notified twenty-four (24) hours prior to transfer whenever possible. The original health record shall be archived as outlined in Policy #113.50.

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VII. ACA STANDARDS: 4-4347, 4-4348, 4-4349, 4-4414.

VIII. EXPIRATION DATE: November 15, 2007.



TENNESSEE DEPARTMENT OF CORRECTION  
**REFERRAL FOR EMERGENCY CARE**

\_\_\_\_\_  
INSTITUTION

Name: \_\_\_\_\_  
Last First Middle TDOC Number Date

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Referring Institution: \_\_\_\_\_

Current Complaint/Pertinent History: \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medication(s): \_\_\_\_\_

Treatment Given Prior To Transfer Including Immunization: \_\_\_\_\_

\_\_\_\_\_  
Facility Referring To: \_\_\_\_\_

Referral Coordinated With (Name): \_\_\_\_\_ Phone: \_\_\_\_\_ Time: \_\_\_\_\_

Ambulance Service Utilized: \_\_\_\_\_ Date: \_\_\_\_\_ Time Requested: \_\_\_\_\_

Referring TDOC Health Professional: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature/Professional Title

**\* REPORT FROM OUTSIDE FACILITY**

Date Patient Received: \_\_\_\_\_ Time: \_\_\_\_\_ Emergency Facility: \_\_\_\_\_

Treatment Given: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Recommend Disposition/Follow-up: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\* May attach copy of Emergency Room Report in lieu of completing above report.



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH SERVICES  
HEALTH STATUS/TRANSFER SUMMARY**

Name of Inmate: \_\_\_\_\_ Number \_\_\_\_\_ DOB: Mo. \_\_\_\_ Day \_\_\_\_ Yr. \_\_\_\_  
Last First Initial

Transferring Institution: \_\_\_\_\_ Transfer Date: Mo. \_\_\_\_ Day \_\_\_\_ Yr. \_\_\_\_

Receiving Institution: \_\_\_\_\_

Reason for Transfer:: \_\_\_\_\_

Requires Chronic Illness Monitoring: \_\_\_\_\_ yes \_\_\_\_\_ no Last TB Screening/PPD Date: \_\_\_\_\_

Requires Mental Health/Psychiatric Monitoring: \_\_\_\_\_ yes \_\_\_\_\_ no Last Periodic Health Appraisal: Date \_\_\_\_\_

**Check (✓) if Present**

**Prosthetics:**

- ☐ Limbs  
☐ Hearing Aids  
☐ Glasses  
☐ Dentures  
☐ Contact Lens  
☐ Pace Maker

**Assistive Devices:**

- ☐ Crutches/Cane  
☐ Braces  
☐ Walker  
☐ Wheel Chair  
☐ Splints

**Activity Limitations:**

- ☐ None  
☐ Moderate  
☐ Severe

**Impairments:**

- ☐ Mental  
☐ Speech  
☐ Hearing  
☐ Vision  
☐ Sensation  
☐ Extremities

Allergies: \_\_\_\_\_

**--- CURRENT PHYSICIAN/DENTIST ORDERS ---**

**MEDICATION**

	<u>Name of Drug</u>	<u>Strength/ Route</u>	<u>Frequency</u>	<u>Last Dose Date/Time</u>	<u>Medication Sent with Patient (✓)</u>	<u>Medication Sent with Patient (✓)</u>	<u>Amounts</u>	<u>KOP</u>
1.					Y ____ N ____	Y ____ N ____		____ N ____ Y ____
2.					Y ____ N ____	Y ____ N ____		____ N ____ Y ____
3.					Y ____ N ____	Y ____ N ____		____ N ____ Y ____
4.					Y ____ N ____	Y ____ N ____		____ N ____ Y ____
5.					Y ____ N ____	Y ____ N ____		____ N ____ Y ____
6.					Y ____ N ____	Y ____ N ____		____ N ____ Y ____
7.					Y ____ N ____	Y ____ N ____		____ N ____ Y ____
8.					Y ____ N ____	Y ____ N ____		____ N ____ Y ____

**SPECIAL INSTRUCTIONS: (Self help ability, Treatments, appointments, diet, dental, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report Prepared By: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature/Professional Title

Receiving Institution Review: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature/Professional Title





**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH RECORDS MOVEMENT DOCUMENT**

**DESTINATION:** \_\_\_\_\_

**PURPOSE OF RECORDS MOVEMENT**

- A. \_\_\_\_\_ Permanent Transfer  
B. \_\_\_\_\_ Temporary Transfer for Clinical Services  
C. \_\_\_\_\_ Record to Archives  
D. \_\_\_\_\_ Other (See Comments)

**THIS PACKET CONTAINS HEALTH RECORDS ON THE FOLLOWING INMATE(S):**

(Note under "Comments" any records which are unavailable at the time of inmate(s) transfer.)

	Name	Number	Health Record	Dental Record	Medication	Purpose of Records Movement
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Sending Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Prepared / Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Transported by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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